

# Writing for academic and professional journals

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 on behalf of the European Association for Palliative Care



## Content of the session

- Describe the structure of a research manuscript for publication in journals
- Understand how to display data in Tables and Figures
- Awareness of how to cite references to others work and avoid plagiarism

## Structure of a scientific paper

- Abstract – write last
- Introduction – write third
- Methodology and Methods – write first
- Results – write second
- Discussion – write fourth

## Methodology and Methods

- Research design – justify methodology
- Population, sample, recruitment
- Data collection
- Data analysis
- Data synthesis and presentation
- Data quality appraisal – depending upon methods
- Ethical considerations

## What did you do? How did you do it?

- Write an outline of your methods section now – using bullet points

## Results

- Describe characteristics of your population and sample
- Who took part in your study?
- Presenting results: tables, figures, diagrams, text
- Remember to answer your research question(s)
- Presenting quantitative analysis
- Presenting qualitative analysis

## Describing your sample

**Table 1 Participant characteristics by biographical category**

	Reference <sup>1</sup>	Age range (years)	Sex	Tumour	EDS score	Lives alone	Attends hospice
Biographical flow	Albert	80s	M	Respiratory	6	No	No
	Ron	60s	M	Haematological	10	No	No
	Helen	60s	F	Gastrointestinal	16 <sup>b</sup>	Yes	No
	Nora	60s	F	Respiratory	16 <sup>b</sup>	Yes	No
	Marjorie	60s	F	Respiratory	20 <sup>b</sup>	No	Yes
	Jenny	70s	F	Respiratory	17 <sup>b</sup>	No	Yes
	Mary <sup>a</sup>	60s	F	Respiratory	18 <sup>b</sup>	Yes	No
	Linda	50s	F	Breast	17 <sup>b</sup>	No	No
	Peter	60s	M	Urological	12	Yes	No
	Jim	80s	M	Gastrointestinal	12	Yes	No
	Pat	60s	F	Respiratory	12	No	No
	Bob	40s	M	Respiratory	5	No	No
	Ruth	70s	F	Gastrointestinal	7	Yes	No
	Stuart	40s	M	Soft tissue	<sup>c</sup>	No	Yes
	Joyce	80s	F	Breast	<sup>c</sup>	No	Yes
	John	60s	M	Urological	<sup>c</sup>	No	Yes
	Angela	40s	F	Gynaecological	6	No	No
Fracture	Mark	40s	M	Respiratory	16 <sup>b</sup>	No	Yes
	Joan	50s	F	Breast	<sup>c</sup>	No	Yes

<sup>1</sup>Names given are pseudonyms.

EDS, Edinburgh Depression Scale.

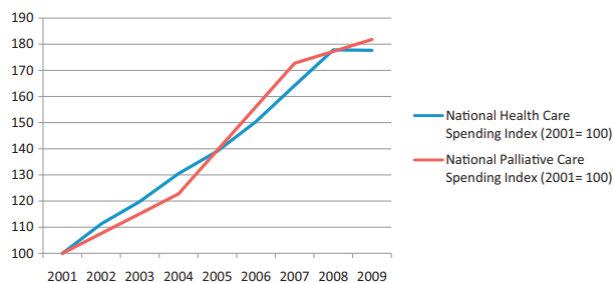
<sup>a</sup>Had confirmed ICD depression at time of interview.

<sup>b</sup>High-risk scores.

<sup>c</sup>Selected as high risk/expressing distress by MLW.

## Quantitative data example

P. May et al. / Health Policy xxx (2013) xxx–xxx



**Fig. 2.** Health and palliative care budgets in Ireland (2001–2009).

## Quantitative data examples

Figure 1. Average % of persons receiving specific bereavement services.

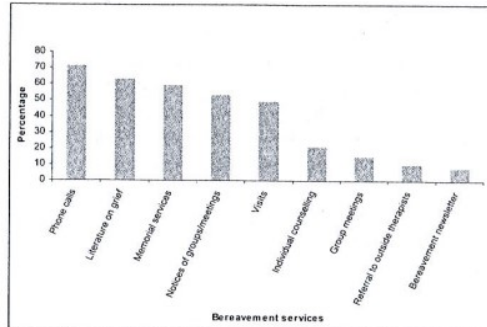
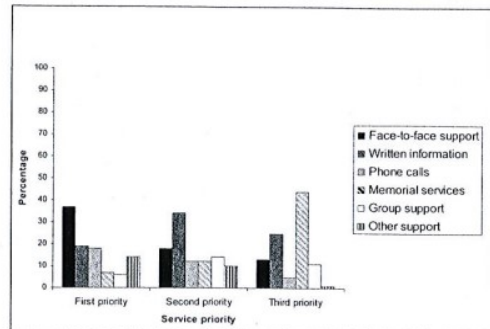


Figure 2. Service priorities for providing bereavement support.



## Qualitative research example

Reeve et al. Management of distress in palliative care patients: the self-integrity model

### BOX 1 Case studies illustrating and comparing categories of biographical flow and fracture

#### Biographical flow

Helen describes maintaining continuity of daily life in the face of threats arising from the disruptive impact of illness. Helen was a 66-year-old woman with metastatic bowel cancer. She had worked hard all her life to bring up her children and protect her family in deprived and sometimes difficult circumstances. Caring for her family was both her main struggle but also that which was most important to her.

*I've always been a strong person. I always have you know ... And, the strength comes from my mother. She was a very strong woman. And I'm like her...*

*After I had the operation, the surgeon came round at half eight in the morning ... And he said 'Oh and by the way, it was cancer'. And then I had to phone and tell me husband. So I had to be brave for him ... I had six months of chemotherapy – in the backs of my hand where I couldn't stand. My veins collapsed all the time. But I stuck it out ... I got over the bowel cancer ... [Some months later], it was on my lung. So they took the lower lobe out. And it must have been two years, or less, and it was in my liver ...*

*I have my [bad] days. But that's when I get stuck into the house then. Really scrub the wood – that gets the anger out ... I get a book out and I start to read. And I read for like 2 or 3 hours, then I'll fall asleep again. But as I say when it really gets me down – and that's when I go out in the garden and do all sorts ... It's no good having people round you all the time. It wears you out – it really does. Just some time to relax, to chill out. Do what you want. Sit with your pyjamas on all day if you feel like it – you know. You go and do nothing at all ... I get angry with God. You know. I go "Why me?" I didn't mind once, but three times. But – that's what I'm here for ... I am a Catholic. I don't go to church – I used to. I don't bother now. But I pray every night – you know. I still have my faith.*

#### SIM themes

Core-self  
Strong woman

Threat

Turbulence  
(threats and  
balances)

## Results

- Write a plan of the Tables and Figures that you will need to present your Results.

[Your Guide to Creating Effective Tables and Figures in Research Papers \(servicescape.com\)](https://servicescape.com)

## Introduction

- The purpose of the paper
- Define key terms and concepts
- Provide the (international) context – what is known and not known already
- Rationale for your study
- Research question, aims and objectives

## Write an outline of your Introduction

- Paragraph 1
  - Paragraph 2
  - Paragraph 3
  - Paragraph 4
- 
- Research questions

## Discussion

- How did your research answer the research question?
- Key findings – do not repeat results or add new results
- Interpreting your findings in the context of what is already known
- Strengths and limitations
- Implications for theory/policy/practice/education
- What additional research is required
- Conclusions

## Write an outline of your discussion



## Write your Conclusions now

- One paragraph

### Conclusion

Bereavement care is an integral part of the suite of services now provided in palliative care settings in Australia; it is an expected component of palliative care<sup>19</sup>. Yet, our data suggest that many services struggle to provide what they would wish, because of the models of bereavement support used, the lack formal assessment of risk, and personnel and funding constraints. Questions remain about the value of providing bereavement support to all, rather than allocating services based upon level of need. Further research with a larger, more nationally representative sample, is required to assist organisations to evaluate the effect of their care and to move them to an evidence-based model of care based on risk.

## Abstract

Structured – use headings from your selected journal

- Background
- Aims
- Methods
- Results
- Conclusions
- Word limit?
  
- Key words
- What is already known, what you did, what is new?
- Title of the paper – should include the methods used

### What is already known about this topic?

- Advance care planning does not always happen with people living with dementia and as dementia progresses they are less able to participate in decision making.
- Family carers find making decisions emotional and difficult, especially decisions about end-of-life care.
- There are a lack of decision aids which focus on more than one decision in dementia care.

### What this paper adds?

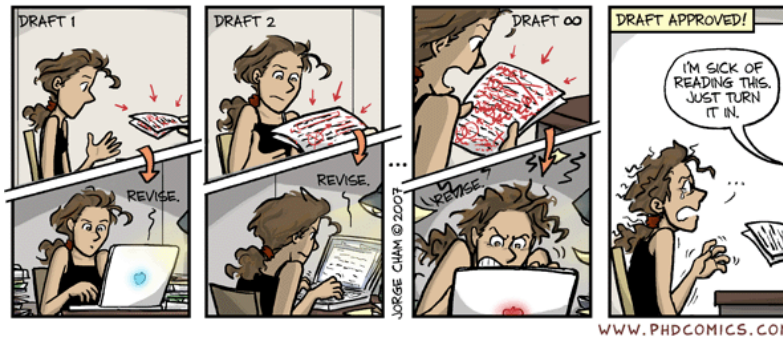
- A decision aid with multiple decisions in dementia care is acceptable to family carers.
- It is feasible to test a decision aid for family carers of people living with severe dementia or towards the end-of-life, including being able to recruit and retain participants over 6 months.

### Implications for practice, theory or policy

- A full-scale evaluation of this decision aid is warranted to evaluate effectiveness.

[A feasibility study of a decision aid to support family carers of people with severe dementia or those towards the end-of-life - Nathan Davies, Narin Aker, Victoria Vickerstaff, Elizabeth L Sampson, Greta Rait, 2022 \(sagepub.com\)](https://doi.org/10.1186/s12913-022-08543-1)

## Write, revise, edit, revise, edit, repeat.....



## Citing and referencing the work of others (plagiarism)

- Draw on the work of others (citing) but always acknowledge their work
- Plagiarism is the representation of another author's language, thoughts, ideas, or expressions as one's own original work.
- Try not to use direct quotes from other's work – use your own words

## Referencing systems and software

- **Referencing in the Harvard style is a two-part process:**
- Citation in the text: this is the brief indication of the source within the text of your work immediately following the use of the source whether quoted or summarised.
- Reference list: a complete list of all the cited references used in your work with full bibliographic details, to allow the reader to follow up these references and find the original text (A-Z listing).
- **Vancouver** is a **numbered** referencing style commonly used in medicine and science, and consists of: Citations to someone else's work in the text, indicated by the use of a number. A sequentially numbered reference list at the end of the document providing full details of the corresponding in-text reference.

## Proof Reading

Read your work aloud

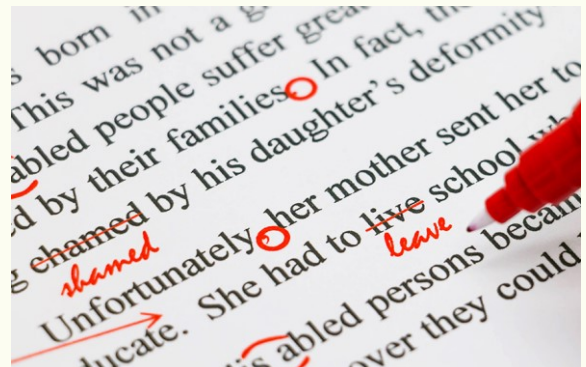
Check first sentence/paragraph

Check sentence length (two-comma rule)

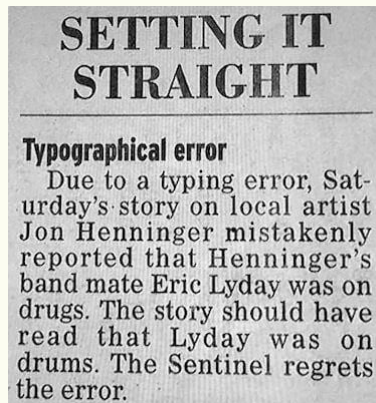
Use software (Grammarly)

Have peer / non peer proof

- Grammatical
- Conceptual



## Example



**Thank you for your attention**



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This publication [communication] reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

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